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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                |                                  | <b>Docket Number (Optional)</b><br>0234-0471P |                         |
| <b>Application Number</b> 10/679,495-Conf. #4055                                                                                                                                                                                                          |                                  | <b>Filed</b> October 7, 2003                  |                         |
| <b>For</b> DYE-FORMING COUPLER, SILVER HALIDE PHOTOGRAPHIC LIGHT-SENSITIVE MATERIAL, AND AZOMETHINE DYE COMPOUND                                                                                                                                          |                                  |                                               |                         |
| <b>Art Unit</b> 1626                                                                                                                                                                                                                                      |                                  | <b>Examiner</b> F. Powers                     |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |                                  |                                               |                         |
|                                                                                                                                                                                                                                                           |                                  | <u>Fee</u>                                    | <u>Small Entity Fee</u> |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | One month (37 CFR 1.17(a)(1))    | \$120                                         | \$60                    |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Two months (37 CFR 1.17(a)(2))   | \$450                                         | \$225                   |
| <input checked="" type="checkbox"/>                                                                                                                                                                                                                       | Three months (37 CFR 1.17(a)(3)) | \$1020                                        | \$510                   |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Four months (37 CFR 1.17(a)(4))  | \$1590                                        | \$795                   |
| <input type="checkbox"/>                                                                                                                                                                                                                                  | Five months (37 CFR 1.17(a)(5))  | \$2160                                        | \$1080                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                           |                                  |                                               |                         |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.                                                                                                                                                                         |                                  |                                               |                         |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                               |                                  |                                               |                         |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                |                                  |                                               |                         |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> . I have enclosed a duplicate copy of this sheet.                     |                                  |                                               |                         |
| I am the <input type="checkbox"/> applicant/inventor.                                                                                                                                                                                                     |                                  |                                               |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                                                                     |                                  |                                               |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____                                                                                                                                                                           |                                  |                                               |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>40,069</u>                                                                                                                 |                                  |                                               |                         |
| <u></u><br>Signature                                                                                                                                                                                                                                      |                                  | <u>JUL 10 2006</u><br>Date                    |                         |
| <u>MaryAnne Armstrong</u><br>Typed or printed name                                                                                                                                                                                                        |                                  | <u>(703) 205-8000</u><br>Telephone Number     |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                                     |                                  |                                               |                         |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.                                                                                                                                                                                           |                                  |                                               |                         |

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